FORTKORT GRETHER + KELTON LLP

received GENTRAL FAX CENTER

SEP 2 7 2004

FACSIMILE TRANSMITTAL SHEET

TO:	Commissioner of Patents	FAX NO:	703-872-9306		
FROM:	Aaron A. Weiss	DATE:	09/27/2004		
RE:	Application No. 10/676,544	ATTY. DOCKET NO.:	H20G001US0		
	(Total Number of P	ages Including Cover): 3	,		

The following papers are covered by this sheet:

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Please call the undersigned attorney with any questions.

Respectfully Submitted,

Aaron A. Weiss Reg. No. 46,163

Telephone: (512) 279-3110

CERTIFICATE OF TRANSMISSION - 37 C.F.R § 1.8

I hereby certify that this correspondence, and any and all correspondence referenced herein, is being transmitted by facsimile in accordance with 37 C.F.R. § 1.6(d) to facsimile number 703-872-9306 or is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail In an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on the date below:

aron

INFORMATION CONTAINED IN THIS TRANSMISSION IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE AND MAY CONTAIN LEGALLY PRIVILEGED AND/OR CONFIDENTIAL INFORMATION. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE PERMANENTLY DELETE THIS MESSAGE AND IMMEDIATELY NOTIFY US BY TELEPHONE.

PTO/SB/83 (09-04)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

•	
Application Number	10/676,544
Filing Date	October 1, 2003
First Named Inventor	William Shaw
Art Unit	3751
Examiner Name	
Attorney Docket Number	H2OG001USO

Please withdraw me as attorney or agent for the above identified patent application, and all the attorneys/agents of record. the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. The reasons for this request are: The Applicants terminated our attorney-client relationship, and instructed us to return all files associated with the above-identified patent application. CORRESPONDENCE ADDRESS	To: Commissioner for Patents P.O. Box 1450							RZCEIVED CENTRAL FAX CENT					
Please withdraw me as attorney or agent for the above identified patent application, and all the attorneys/agents of record. the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. The reasons for this request are: The Applicants terminated our attorney-client retationship, and instructed us to return all files associated with the above-identified patent application. CORRESPONDENCE ADDRESS 1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number: OR Firm or Individual Name Robert Easter Address H2O Guard, Inc. 4301 Burnet Road, Suite A City Austin State Texas Zip 78756	Alexandria, VA	22313-1450											
the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. The reasons for this request are: The Applicants terminated our attorney-client relationship, and instructed us to return all files associated with the above-identified patent application. CORRESPONDENCE ADDRESS 1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number: OR Firm or Individual Name Robert Easter Address H2O Guard, Inc. 4301 Burnet Road, Suite A City Austin State Texas Zip 78756	Please withdraw me as attorney or agent for the above identified patent application					on, an	d		JE	P 2	7	200	1
the attorneys/agents associated with Customer Number NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. The reasons for this request are: The Applicants terminated our attorney-client relationship, and instructed us to return all files associated with the above-identified patent application. CORRESPONDENCE ADDRESS 1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number: OR Firm or Individual Name Robert Easter Address H2O Guard, Inc. 4301 Burnet Road, Suite A	all the attorn	eys/agents of record.											
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. The reasons for this request are: The Applicants terminated our attorney-client relationship, and instructed us to return all files associated with the above-identified patent application. CORRESPONDENCE ADDRESS 1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number: OR Firm or Individual Name Robert Easter Address H2O Guard, Inc. 4301 Burnet Road, Suite A City Austin State Texas Zip 78756	the attorneys	s/agents (with registration numbers) lis	sted on th	e attach	ed pap	er(s), o	or	***	*: ¥				
The reasons for this request are: The Applicants terminated our attorney-client relationship, and instructed us to return all files associated with the above-identified patent application. CORRESPONDENCE ADDRESS 1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number: OR Firm or Individual Name Robert Easter Address H2O Guard, Inc. 4301 Burnet Road, Suite A City Austin State Texas Zip 78756	· ·	-		<u> </u>					. 0				
CORRESPONDENCE ADDRESS 1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number: OR Firm or Individual Name Robert Easter Address H2O Guard, Inc. 4301 Burnet Road, Suite A City Austin State Texas Zip 78756	practiti	oners associated with a customer nun	nber.										ė
CORRESPONDENCE ADDRESS 1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number: OR Firm or Individual Name Robert Easter Address H2O Guard, Inc. 4301 Burnet Road, Suite A City Austin State Texas Zip 78756	The reasons for this re	quest are: The Applicants terminated ou	r attomey-	client rela	itionship	o, and ir	structe	d us to	return all	files			
The correspondence address is NOT affected by this withdrawal. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number: OR Firm or Individual Name Robert Easter Address H2O Guard, Inc. 4301 Burnet Road, Suite A City Austin State Texas Zip 78756		associated with the above-tee											
The correspondence address is NOT affected by this withdrawal. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number: OR Firm or Individual Name Robert Easter Address H2O Guard, Inc. 4301 Burnet Road, Suite A City Austin State Texas Zip 78756													4
2. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number: OR Firm or Individual Name Robert Easter Address H2O Guard, Inc. 4301 Burnet Road, Suite A City Austin State Texas Zip 78756		CORRESPOND	ENCE	ADDI	RESS			_					4
The address associated with Customer Number: OR Firm or Individual Name Address H2O Guard, Inc. 4301 Burnet Road, Suite A City Austin State Texas Zip 78756	1. The correspor	idence address is NOT affected by thi	s withdra	wal.									
OR Firm or Individual Name Robert Easter Address H2O Guard, Inc. 4301 Burnet Road, Suite A City Austin State Texas Zip 78756	2. Change the correspondence address and direct all future correspondence to:												
Firm or Individual Name Address H2O Guard, Inc. 4301 Burnet Road, Suite A City Austin State Texas Zip 78756	The address associated with Customer Number:												
Individual Name Address H2O Guard, Inc. 4301 Burnet Road, Suite A City Austin State Texas Zip 78756	OR												_
City Austin State Texas Zip 78756	1 / 1	Robert Easter				_							
Oily Ausur	Address												
	City	Austin	State	Texas				Zip	78756]
Country United States	Country	United States											_
Telephone 512-454-4900 Fax	Telephone 512-454-4900					Fax							
Signature aurin	Signature aux	Lia-											_
Aaron A. Weiss 45,165	Name Aaron A. Weiss			Registration No. 46,163				_					
Date September 27, 2004 Telephone No. (512) 279-3110					Telephone No. (512) 279-3110 30 days between approval of withdrawal and the expiration				4				

date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

ATTACHMENT TO FORM PTO/SB/83

For the reason(s) given on the attached Form PTO/SB/83, please withdraw the following attorneys from the U.S. Application referenced therein:

Heinz D. Grether, Reg. No. 34,611 John A. Fortkort, Reg. No. 38,454 Greg Goshorn, Reg. No. 44,721 Aaron A. Weiss, Reg. No. 46,163 Margaret M. Kelton, Reg. No. 44,182